

LME Alternative Service Request for Use of DMHDDSAS State Funds

For Proposed MH/DD/SAS Service Not Included in Approved Statewide IPRS Service Array

Note: Submit completed request form electronically to Eric Johnson, IT Team, at Eric.Johnson@dhhs.nc.gov, Wanda Mitchell and Jay Dixon, Financial Operations Team, at Wanda.Mitchell@dhhs.nc.gov and Jay.Dixon@dhhs.nc.gov, and to Spencer Clark, Chief's Office, Community Policy Management Section, at Spencer.Clark@dhhs.nc.gov. Questions about completing and submitting this form may be addressed to Brenda G. Davis, CPM Chief's Office, at Brenda.G.Davis@dhhs.nc.gov or (919) 733-4670, or to Spencer Clark at Spencer.Clark@dhhs.nc.gov or (919) 733-4670.

a. Name of LME: Crossroads Behavioral Healthcare		b. Date Submitted <i>January 31, 2011 With Division Revisions of 02-15-11</i>
c. Name of Proposed LME Alternative Service <i>Naltrexone for Extended-Release Injectable Solution-YA376</i>		
d. Type of Funds and Effective Date(s): <i>(Check All that Apply)</i> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> State Funds: Effective 7-01-07 to 6-30-08 <input checked="" type="checkbox"/> State Funds: Effective 7-01-10 to 6-30-11 <i>and 07-01-11 through 06-30-12</i> </div>		
e. Submitted by LME Staff (Name & Title) David R. Swann, CEO	f. E-Mail dswann@crossroadsbhc.org	g. Phone No. 336-835-1001, ext. 1104
<p><u>Background and Instructions:</u></p> <p>This form has been developed to permit LMEs to request the establishment in IPRS of Alternative Services to be used to track state funds through a fee-for-service tracking mechanism. An LME that receives state single stream or other state non-UCR funding shall use such funding to purchase or start up services included in the Integrated Payment and Reporting System (IPRS) service array and directed towards the approved IPRS target population(s). If the LME wishes to propose the use of state funds for the provision of an Alternative Service that is not included in the IPRS service array, the LME shall submit an <i>LME Alternative Service Request for Use of DMHDDSAS State Funds.</i></p> <p>This form shall be completed to fully describe the proposed Alternative Service for which Division approval is requested in order to develop an IPRS reporting code and an appropriate rate for the Alternative Service.</p> <p>Please use the following template to describe the LME's proposed Alternative Service definition and address all related issues using the standard format and content categories that have been adopted for new MH/DD/SA Services.</p> <p>Please note that:</p> <ul style="list-style-type: none"> an individual LME Alternative Service Request form is required to be completed for <u>each</u> proposed 		

	<p>Alternative Service;</p> <ul style="list-style-type: none"> • a separate Request for Waiver is required to be submitted to the Division for the LME to be authorized by the Secretary to <u>directly</u> provide an approved Alternative Service; and • the current form is <u>not</u> intended to be utilized in SFY 07-08 for the reporting on the use of county funds by an LME. The Division continues to work with the County Funds Workgroup to establish a mechanism to track and report on the use of county funds through IPRS reporting effective July 1, 2008.
	<p align="center">Requirements for Proposed LME Alternative Service</p> <p align="center"><i>(Items in italics are provided below as examples of the types of information to be considered in responding to questions while following the regular Enhanced Benefit Service definition format. Rows may be expanded as necessary to fully respond to questions.)</i></p>
<p align="center">Complete items 1 through 28, as appropriate, for all requests.</p>	
<p align="center">1</p>	<p>Alternative Service Name, Service Definition and Required Components</p> <p>Medication Subsidy. This Alternative Service would allow Crossroads to submit IPRS claims for the actual cost of VIVITROL (naltrexone for extended-release injectable suspension) for a pilot project for the treatment of alcohol dependence and for the DMH to collect and track data on the use of this medication. Crossroads has discussed this pilot project with Flo Stein and is requesting that 50% of the cost of the medication be supported by Mental Health Trust Funds. The rate does not include the cost of medication administration. A request for these funds has been submitted.</p>
<p align="center">2</p>	<p>Rationale for proposed adoption of LME Alternative Service to address issues that cannot be adequately addressed within the current IPRS Service Array</p> <p>VIVITROL was approved by the U.S. Food and Drug Administration in April 2006 for the treatment of alcohol dependence in consumers who are able to abstain from alcohol in an outpatient setting prior to, and who are not actively drinking at the time of, treatment initiation.</p> <p>There is strong evidence that the use of VIVITROL provides advantages to consumers with alcohol dependence by increasing the likelihood of remaining abstinent, increases the retention rate in outpatient treatment, and the use of VIVITROL reduces the costs of alcohol-related hospitalizations and other associated medical costs (Aetna Behavioral Health Medication Assisted Treatment for Alcohol Use Disorder, 2008 and Borwala et al, 2009 Utilization Patterns of VIVITROL for Alcohol Dependence Horizon Blue Cross Blue Shield Study).</p> <p>CBHC and its Provider Organization(s) share a complex challenge and an opportunity to measurably improve consumer care as a result of the vast changes that have occurred in North Carolina's public system. Despite our desire to improve care, consumers relapse, fail to show for appointments, and positive treatment outcomes are more likely if there is a focus on "up-front" services that <u>effectively engage consumers</u> in the initial phases of care. This experience, shared by the Provider Organizations and Crossroads, is the foundation for our request for the allocation of Mental Health Trust Funds to support a one-year pilot project to provide medication assisted treatment for alcohol dependence.</p> <p>No service code and definition currently exist allowing for the collection of data in the unit cost reimbursement system permitting the purchase of this medication.</p>
<p align="center">3</p>	<p>Description of service need(s) to be addressed exclusively through State funds for which Medicaid funding cannot be appropriately accessed through a current Medicaid approved service definition</p> <p>Medicaid currently includes VIVITROL in the formulary.</p>
<p align="center">4</p>	<p>Please indicate the LME's Consumer and Family Advisory Committee (CFAC) review and recommendation of the proposed LME Alternative Service: (Check one)</p>

	<p><input checked="" type="checkbox"/> Recommends <input type="checkbox"/> Does Not Recommend <input checked="" type="checkbox"/> Neutral (No CFAC Opinion)</p> <p>Note – CFAC this request on Monday August 16, 2010 and approved the alternative service definition request.</p>
5	Projected Annual Number of Persons to be Served with State Funds by LME through this Alternative Service: 17
6	Estimated Annual Amount of State Funds to be Expended by LME for this Alternative Service \$35,000 MH Trust Fund
7	<p>Eligible IPRS Target Population(s) for Alternative Service: (Check all that apply)</p> <p><u>Assessment Only:</u> <input type="checkbox"/> All <input type="checkbox"/> CMAO <input type="checkbox"/> AMAO <input type="checkbox"/> CDAO <input type="checkbox"/> ADAO <input type="checkbox"/> CSAO <input type="checkbox"/> ASAO</p> <p><u>Crisis Services:</u> <input type="checkbox"/> All <input type="checkbox"/> CMCS <input type="checkbox"/> AMCS <input type="checkbox"/> CDCS <input type="checkbox"/> ADCS <input type="checkbox"/> CSCS <input type="checkbox"/> ASCS</p> <p><u>Child MH:</u> <input type="checkbox"/> All <input type="checkbox"/> CMSED <input type="checkbox"/> CMMED <input type="checkbox"/> CMDEF <input type="checkbox"/> CMPAT <input type="checkbox"/> CMECD</p> <p><u>Adult MH:</u> <input type="checkbox"/> All <input type="checkbox"/> AMSPM <input type="checkbox"/> AMSMI <input type="checkbox"/> AMDEF <input type="checkbox"/> AMPAT <input type="checkbox"/> AMSRE</p> <p><u>Child DD:</u> <input type="checkbox"/> CDSN</p> <p><u>Adult DD:</u> <input type="checkbox"/> All <input type="checkbox"/> ADSN <input type="checkbox"/> ADMRI</p> <p><u>Child SA:</u> <input type="checkbox"/> All <input type="checkbox"/> CSSAD <input type="checkbox"/> CSMAJ <input type="checkbox"/> CSWOM <input type="checkbox"/> CSCJO <input type="checkbox"/> CSDWI <input type="checkbox"/> CSIP <input type="checkbox"/> CSSP</p> <p><u>Adult SA:</u> <input checked="" type="checkbox"/> All <input type="checkbox"/> ASCDR <input type="checkbox"/> ASHMT <input type="checkbox"/> ASWOM <input type="checkbox"/> ASDSS <input type="checkbox"/> ASCJO <input type="checkbox"/> ASDWI <input type="checkbox"/> ASDHH <input type="checkbox"/> ASHOM <input type="checkbox"/> ASTER</p> <p><u>Comm. Enhance.:</u> <input type="checkbox"/> All <input type="checkbox"/> CMCEP <input type="checkbox"/> AMCEP <input type="checkbox"/> CDCEP <input type="checkbox"/> ADCEP <input type="checkbox"/> ASCEP <input type="checkbox"/> CSCEP</p> <p><u>Non-Client:</u> <input type="checkbox"/> CDF</p>
8	<p>Definition of Reimbursable Unit of Service: (Check one)</p> <p><input type="checkbox"/> Service Event <input type="checkbox"/> 15 Minutes <input type="checkbox"/> Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Monthly</p> <p><input checked="" type="checkbox"/> Other: Explain <u>Medication Subsidy for the purchase of medication</u></p>
9	<p>Proposed IPRS <u>Maximum</u> Unit Rate for LME Alternative Service</p> <p>Since this proposed unit rate is for Division funds, the LME can have different rates for the same service within different providers. What is the proposed <u>average</u> IPRS Unit Rate for which the LME proposes to reimburse the provider(s) for this service?</p> <p>The maximum unit rate would be \$782.00 Per Dose Retail Price.</p>
10	<p>Explanation of LME Methodology for Determination of Proposed IPRS <u>Maximum</u> Unit Rate for Service (Provide attachment as necessary)</p> <p>Use of Retail Rate for cost of Medication</p>
11	<p>Provider Organization Requirements</p> <p>Willingness to participate in pilot project and produce the data required by Crossroads.</p>
12	Staffing Requirements by Age/Disability

	(Type of required staff licensure, certification, QP, AP, or paraprofessional standard) Physician and nurse required to order and provide injection.
13	Program and Staff Supervision Requirements Nothing different.
14	Requisite Staff Training Training in the use of VIVITROL and its side effects profile.
15	Service Type/Setting Two sites within the Crossroads area have been identified. Site one is a private practice operated by an Addictionologist in Statesville. The other is a public provider of addiction services with sites in Iredell, Surry and Yadkin counties.
16	Program Requirements Consumers eligible for VIVITROL would be enrolled in intensive outpatient addiction treatment in accordance with best practice model and ASAM Standards.
17	Entrance Criteria Meets ASAM criteria for alcohol dependence. No alcohol/opiates 7 days prior to injections Willing to attend IOP and other services Competent, no major mental illness, MR, cognitive impairment that prevents participation Attempts to maintain sobriety through other means Length of use---more chronic might be required Motivated to get clean Meets Alcohol Dependence diagnosis
18	Entrance Process Individuals must receive an assessment, be able to access intensive outpatient treatment, and be medically eligible to receive VIVITROL.
19	Continued Stay Criteria Most consumers receive four monthly injections. Shows for injections when scheduled Attendance at IOP Clean Drug Screens Clean Drug Screen prior to injection Successful at maintaining sobriety Manageable side affects (effects)
20	Discharge Criteria Consumers will average four (4) monthly injections during the course of treatment. Some may discontinue treatment. Others may need VIVITROL for fewer months. Recovery, to include abstinence from alcohol is the goal. Completed the program successfully; able to maintain abstinence without medication Failure to follow contract to participate in program No shows for appointment/IOP Need for higher level of care Consumer withdraws from program
21	Evaluation of Consumer Outcomes and Perception of Care Providers in the VIVITROL project will be required to complete and submit the NC TOPPS initial assessment and subsequent update assessments on each consumer receiving VIVITROL in the following intervals:

	<ul style="list-style-type: none"> ➤ Initial Baseline ➤ 90 days Update ➤ Six Month Update ➤ One Year Update ➤ <i>Subsequent Update Assessments and Discharge Assessment.</i> <p>Crossroads Behavioral Healthcare will request from the NC DMH additional data collected from the NC TOPPS on pilot project participants that are not normally reported to the Local Management Entity for data and analysis purposes. Crossroads will compare this data to the NC TOPPS data reported on Adults with Alcohol Dependence as their primary diagnosis from the FY 2009-10.</p> <p>Crossroads Behavioral Healthcare will also compare the frequency and adherence to service plans of those in the pilot project to the average number of services received by SA Target Population consumers of state services in 2009-2010 to see if greater engagement has been achieved.</p> <p>Other areas of data collection for evaluation include:</p> <ol style="list-style-type: none"> 1. The number of Crossroads Behavioral Healthcare consumers receiving VIVITROL who during the one-year project. We anticipate 25-30 consumers will receive VIVITROL during the 12-month period. 2. Cost of care for the 12 months during VIVITROL use. In addition to the costs of the clinical variables mentioned above, costs of medications will also be measured. The cost for laboratory assessments to measure liver function will also be monitored. <p><i>The Division Quality Management Team shall be adequately consulted by the LME about the design and implementation of the evaluation.</i></p>
22	<p>Service Documentation Requirements</p> <ul style="list-style-type: none"> • <i>Is this a service that can be tracked on the basis of the individual consumer's receipt of services that are documented in an individual consumer record?</i> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If "No", please explain.</i></p> <ul style="list-style-type: none"> • <i>Minimum standard for frequency of note, i.e. per event, daily, weekly, monthly, etc.</i>
23	<p>Service Exclusions</p> <p>VIVITROL is contraindicated for persons who are pregnant, have severe liver disease, and/or persons taking opiate-based medications.</p>
24	<p>Service Limitations</p> <p>This is a once-month injection.</p>
25	<p>Evidence-Based Support and Cost Efficiency of Proposed Alternative Service</p> <p>There is strong evidence that the use of VIVITROL provides advantages to consumers with alcohol dependence by increasing the likelihood of remaining abstinent, increases the retention rate in outpatient treatment, and the use of VIVITROL reduces the costs of alcohol-related hospitalizations and other associated medical costs (Aetna Behavioral Health Medication Assisted Treatment for Alcohol Use Disorder, 2008 and Borwala et al, 2009 Utilization Patterns of VIVITROL for Alcohol Dependence Horizon Blue Cross Blue Shield Study).</p> <p><i>Cost efficiency – Crossroads assures that the reporting of approved services pursuant to this definition will be coordinated with the reporting and payment of other funding sources and will not be utilized to supplement or supplant Medicaid, Health Choice, Medicare, TRICARE, CHAMPVA, other federal, state or local UCR or non – UCR funding sources, grants or other 1st or 3rd party payments for the approved</i></p>

	<i>cost of a service or subsidy.</i>
26	<p>LME Fidelity Monitoring and Quality Management Protocols for Review of Efficacy and Cost-Effectiveness of Alternative Service</p> <p>We will use the outcomes as stated above and report on the project's effectiveness.</p>
27	LME Additional Explanatory Detail (as needed)